

N1000008016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

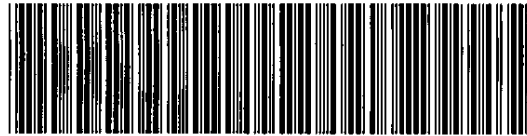
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG 23 AM 10:09

APPROVED
AND
FILED

Ps 8/24/10

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: The Spiritualist Church of African traditions, Yawe, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Hilary NEIman
Name (Printed or typed)

30 Courthouse Square, Suite 201
Address

Rockville, MD 20850
City, State & Zip

703-965-0150
Daytime Telephone number

Drkioni@drkioni.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

The Spiritualist Church of African traditions, Yawe, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

7315 Carillon Ave, Cocoa, Florida 32927

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For the preservation and celebration of the African Spiritual traditions and philanthropic service to Mankind.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The initial directors will be elected by the incorporator and serve a term of 12 months. All succeeding directors will be appointed by shareholders. Shareholders must vote and the directors will be appointed by a Majority.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Faith Robinson
739 Timber trace Lane #107
Titusville, Florida 32780

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Christos Kioni
7315 Carillon Ave
Cocoa Florida 32927

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Faith M. Robinson
Signature/Registered Agent Faith Robinson

4-4-2010
Date

Christos Kioni
Signature/Incorporator Christos Kioni

4-4-2010
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED